

It is the intent of the legislature to protect the liberty and autonomy of all people of this state, and to enable them to exercise their rights under the law to the maximum extent, consistent with the capacity of each person. The legislature recognizes that people with incapacities have unique abilities and needs, and that some people with incapacities cannot exercise their rights or provide for their basic needs without the help of a guardian. However, their liberty and autonomy should be restricted through the guardianship process only to the minimum extent necessary to adequately provide for their own health or safety, or to adequately manage their financial affairs. RCW 11.88.005.

How to Establish a Minor Guardianship

Purpose:	A petition to establish a guardianship of the person and/or estate for a minor, when the sole basis for the guardianship is the fact the child is under 18 years of age.
When Used or Filed:	The Petition for Guardianship of Person and/or Estate is filed when an interested party decides to petition the court to appoint a legal guardian for the person and/or estate of a minor child.
Who is Responsible to File Form:	Any interested party.
Statutory References:	RCW 11.88.030; King County Superior Court Local Rule 98.20(a).

INFORMATION TO KNOW BEFORE BEGINNING

- Is a parent of the minor a joint or co-petitioner? If yes, follow the steps outlined in Option A. If no, follow the steps outlined in Option B.
- Are the assets of the minor greater than \$3,000.00?
- Is the minor age 14 or older?

REQUIRED FORMS

- Form 1: King County Superior Court Case Information Cover Sheet.**
- Form 2: Case Assignment Designation Attachment.**
- Form 3: Petition for Guardianship of Person and/or Estate.**
- Form 4: Order Appointing Guardian ad Litem and Notice of Hearing**
- Form 5: Consent to Appointment of Guardian for Minor.**
- Form 6: Order Appointing Guardian of Person and/or Estate.**
- Form 7: Oath of Guardian.**
- Form 8: Designation of Standby Guardian.**
- Form 9: Personal Care Plan.**
- Form 10: Guardianship Inventory.**
- Form 11: Notice of Guardianship Petition. (May be needed)**
- Form 12: Notice of Hearing and Declaration of Mailing. (May be needed)**
- Form 13: Declaration of Service of Service. (May be needed)**

OPTION A: If at least one parent is a joint or co-petitioner proceed as follows.

Step 1: Complete forms 1-8.

Note that Form 7 needs to be signed in front of a notary. Notaries are available at the Attorney's Information Bureau in Room C-603 in the downtown Seattle court house and in Room 1C in Kent Regional Justice Center.

Step 2: Have the forms reviewed by an attorney, if possible.

These instructions are not a substitute for legal advice. The laws and court rules are complex and following these instructions will not guarantee a favorable result. It is always advisable to talk to a lawyer about your situation before filing your papers with the court.

See the "Finding an Attorney Instructions" for more information on locating an attorney.

Step 3: Make copies and file with the Clerk.

Make at least one copy of the Forms 1-8 for your records. Stamp your copies to "conform" them so that you have a record your pleadings were filed.

If the minor has **less** than \$3,000.00 in assets and the biological parents of the minor join in the petition for guardianship, complete Form 4 by doing the following: (1) filling in the caption of Form 4; (2) placing a check mark in front of the first paragraph of Form 4; and (3) presenting Form 4 and Form 3 to the Probate clerk in the Ex Parte and Probate Department in Room W-325 in Seattle or Room 1-J in Kent.

Go to the Cashier in the Clerk's Office, Room E-609 in Seattle or Room 2C in Kent, and file **only** the originals of Forms 1- 4. **Please note that you will file Form 4 only if the Judge approved your request to waive the filing fees. If the Judge did not waive your filing fee, you must pay your filing fee (\$110.00) to the clerk at this time.**

The Clerk will issue you a case number and a case number stamp. Stamp the case number on the first page of the originals and copies of your forms.

Step 4: Present the completed stamped papers to the court.

Take the completed stamped papers to the Ex Parte and Probate Department in Room W-325 in Seattle or Room 1-J in Kent. Check in with the Probate Clerk. Give the Clerk the original copies of Forms 5 and 6 and your conformed copy of Form 3. The persons who need to appear at the hearing are the proposed Guardian for the minor and the minor.

Step 5: File the originals of the approved papers with the clerk and obtain Letters of Guardianship from the clerk.

If the Judge signs Form 6, appointing the proposed guardian, then proceed back to the cashier in the clerk's office and file the originals of Forms 5-8.

Obtain at least one certified copy of Letters of Guardianship from the clerk (\$2.00).

Step 6: Guardian's responsibilities after appointment.

If appointed Guardian of the Person, file Form 10 within 90 days of appointment. If appointed Guardian of the Estate, file Form 11 within 90 days of appointment.

OPTION B: *If at least one parent does not sign the petition or join in the petition, proceed as follows:*

Step 1: Complete forms 1-7 and 12.

Note that Form 7 needs to be signed in front of a notary. Notaries are available at the Attorney's Information Bureau in Room C-603 603 in the downtown Seattle courthouse and in Room 1C in Kent Regional Justice Center.

Step 2: Have the forms reviewed by an attorney, if possible.

These instructions are not a substitute for legal advice. The laws and court rules are complex and following these instructions will not guarantee a favorable result. It is always advisable to talk to a lawyer about your situation before filing your papers with the court.

See the "Finding an Attorney Instructions" for more information on locating an attorney.

Step 3: Make copies.

Make at least three copies of Forms 1-7 and 12. One set of copies will be for your records. The second set of copies will be for the Guardian ad Litem. The third set of copies will be for each living parent of the child. Additional copies may be necessary if the physical custodian of the child is not one of the parents. **Stamp your copies to “conform” them so that you have a record your pleadings have been filed.**

Step 4: File your completed forms with the Clerk and have a Guardian ad Litem appointed.**A. If the minor’s assets are less than \$3,000:**

You may petition the court to waive the filing fee and have the guardian ad litem appointed at public expense by doing the following: (1) filling in the caption of Form 4; (2) placing a check mark in front of the second paragraph of Form 4; and (3) presenting Form 4 and Form 3 to the Probate clerk in the Ex Parte and Probate Department.

After the Judge approves your orders, the Clerk will give you the name and telephone number of the Guardian ad Litem to fill in on the form.

Proceed to the cashier in the Clerk’s Office in Room E-609 in Seattle or Room 2C in Kent and present the originals of Forms 1-5 and 12 to the cashier. The Clerk will issue you a case number and a case number stamp. Stamp the case number on the first page of all originals and copies of the forms.

B. If the minor’s assets are greater than \$3,000.00:

You must petition at personal expense.

Proceed to the cashier in the Clerk’s office in Room E-609 in Seattle or Room 2C in Kent. Pay the filing fee of \$110.00 and file the originals of Forms 1-3. The Clerk will issue you a case number a case number stamp. Stamp the case number on the first page of all originals and copies of the forms.

You may petition the court to appoint a guardian ad litem at private expense (necessary if the assets of the minor are greater than \$3,000.00) by doing the following: (1) filling in the caption of Form 4; (2) placing a check mark in front of the third paragraph of Form 4; and (3) presenting Form 4 and Form 3 to the Probate clerk in the Ex Parte and Probate Department.

Proceed to the Ex Parte and Probate Department in Room W-325 in Seattle or Room 1-J in Kent. Hand the Probate Clerk the **original** of the Form 4. The Clerk will give you the name and telephone number of the Guardian ad Litem to fill in on the form. After the Judge approves your order, you may file the signed order (Form 4) in the Ex Parte and Probate Department or take it to the Clerk’s office on the sixth floor to photocopy and file.

Step 5: Telephone the Guardian ad Litem.

Immediately telephone the Guardian ad Litem. Make arrangements to mail photocopies of all the completed forms to the Guardian ad Litem and schedule an interview time.

Step 6: Arrange for service of completed papers and provide working papers to the court.

Arrange for Service on (1) the guardian ad litem, (2) each living parent of the child, and (3) the physical custodian of the child (if other than the parent). Service may be in person or by certified mail, return receipt requested. Service must be done by an adult other than the Petitioner.

The person who serves the papers must complete and file Form 13. Be sure to bring a copy of the completed Form 13 to the hearing as the original may not reach the court file by the hearing date.

Provide working copies to the court (copies of all documents filed with the clerk prior to the hearing) at least 14 days in advance of the hearing. In the upper right hand corner of the top page, write: "Working Copies, Ex Parte Dept." and the date and time of the hearing.

Step 6: Attend the hearing.

Attend the hearing on the date set.

Step 7: File signed originals of all approved papers with the clerk and obtain Letters of Guardianship.

Proceed to the Clerk's office, file the originals of all papers and obtain at least one certified copy of the Letters of Guardianship from the Clerk.

Step 8: Guardian's responsibilities after appointment.

If appointed Guardian of the Estate, file Form 10 within 90 days of appointment. If appointed Guardian of the Person File Form 9 within 90 days of appointment.

<p>WARNING: These instructions are not a substitute for legal advice. The laws and court rules are complex and following these instructions will <u>not</u> guarantee you a favorable result. It is always advisable to talk to a lawyer about your problem before filing your action. (You may be able to hire a lawyer for a small fee to review your completed forms and talk about your problem but not to represent you in court.) If you need a lawyer, contact the Guardianship and Probate Facilitator's Office at (206) 296-9297 for the "Finding an Attorney Instructions" or call the King County Bar Association Lawyer Referral Line at (206) 623-2551.</p>

King County Superior Court Clerk

Attachment to Case Indexing Cover Sheet

NOTICE: THIS DOCUMENT IS REQUIRED FOR ALL NEW CASE FILINGS AFTER SEPTEMBER 1, 1995.
THIS DOCUMENT WILL BECOME PART OF THE COURT S LEGAL FILE.

CASE ASSIGNMENT DESIGNATION

I certify that this case meets the case assignment criteria, described in King County LR 82(e), for the:

_____ Seattle Area, defined as

All of King County north of Interstate 90 and including all of the Interstate 90 right-of-way; all of the cities of Seattle, Mercer Island, Bellevue, Issaquah and North Bend; and all of Vashon and Maury Islands.

_____ Kent Area, defined as

All of King County south of Interstate 90 except those areas included in the Seattle Case Assignment Area.

Signature of Petitioner/Plaintiff

Date

or

Signature of Attorney for
Petitioner/Plaintiff

Date

WSBA Number

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF

KING

In the Guardianship of:

An Alleged Incapacitated Person.

) Case No.:

)

) PETITION FOR GUARDIANSHIP OF
) PERSON AND/OR ESTATE

) RCW 11.88.030

)

) (PTAPGD)

I. ALLEGED INCAPACITATED PERSON INFORMATION

The name, date of birth, address of present residence, length of time at residence, post office address, and social security number of the Alleged Incapacitated Person are:

A. Name:

B. Date of Birth/Age:

C. Present Residence:

D. Length of Time at Residence:

E. Post Office Address:

F. Social Security No.:

I. NATURE AND DEGREE OF ALLEGED INCAPACITY

The nature and degree of the alleged incapacity are as follows:

A. Nature of Alleged Incapacity:

B. Degree of Alleged Incapacity:

I. DESCRIPTION/VALUES OF PROPERTY

The approximate value and the description of the property owned by the Alleged Incapacitated Person is:

- A. Real Property: \$[_____]
 - B. Stock, Mutual Funds and Bonds: \$[_____]
 - C. Mortgages and Notes: \$[_____]
 - D. Bank Accounts \$[_____]
 - E. Furniture: \$[_____]
 - F. Other Personal Property: \$[_____]
- Total Approximate Value of Assets is: \$[_____]

There are periodic compensation, pension, insurance, and allowances as follows:

- A. Social Security Benefits: \$[_____] /month
 - B. Veterans Benefits \$[_____] /month
 - C. Washington State Assistance \$[_____] /month
 - D. Other: \$[_____] /month
- Approximate Total Monthly Income: \$[_____]

I. EXISTING OR PENDING GUARDIANSHIPS

There

[] is

[] is not

an existing or pending Guardianship action for the person and/or the estate of the Alleged Incapacitated Person. If there is an existing or pending Guardianship, set forth the following:

- A. State Where Guardianship/Limited Guardianship Established: [_____]
- B. Name of Guardian/Limited Guardian: _____
- C. Date of Appointment: _____
- D. Type of Guardianship: _____

I. NOMINEE

The name, address, telephone number, date of birth, and age of the proposed Guardian and the relationship of the Alleged Incapacitated Person are as follows:

A. Name of Nominee: _____

B. Address: _____

C. Telephone Number: _____

D. Date of Birth/Age: _____

E. Relationship to Alleged Incapacitated Person: _____

I. RELATIVES

The name and addresses, and the nature of the relationship of the persons most closely related by blood or marriage to the Alleged Incapacitated Person are as follows:

A. Name: _____

Address: _____

Relationship: _____

B. Name: _____

Address: _____

Relationship: _____

C. Name: _____

Address: _____

Relationship: _____

I. CUSTODIAN OF PERSON TO BE ASSISTED

The name, address, and telephone number of the person or facility having the care and custody of the Alleged Incapacitated Person and the length of time of said care and custody is:

A. Name: _____

B. Address: _____

C. Telephone: _____

D. Length of Time at Facility: _____

I. REASON FOR GUARDIANSHIP:

- A. The reason for petitioning for Guardianship is as follows: [_____]
- B. The interest of the Petitioner in the appointment is as follows: [_____]
- C. Designate whether the appointment is sought as Guardian or Limited Guardian of the Person, the Estate, or both: [_____]
- D. Describe any alternative arrangements previously made by the Alleged Incapacitated Person, such as trusts, powers of attorney including any Guardianship nominations contained in a power of attorney, and why a Guardianship is nevertheless necessary. [_____]

I. AREAS OF ASSISTANCE

- A. The nature and degree of the alleged incapacity: _____

- B. The following are specific areas of protection and assistance required:

- C. The duration of Guardianship should be as follows: _____

I. GUARDIAN AD LITEM

Guardian ad Litem to be appointed from registry.

[☐] A Guardian ad Litem should be appointed from the Court's Registry.

Guardian ad Litem to be appointed by request of petitioner.

[☐] A Guardian ad Litem should not be appointed from the Court's Registry because of the following extraordinary circumstances: _____

The name, address, and telephone number of the proposed Guardian ad Litem.

Name: _____

Address _____

Telephone: _____

The knowledge of a relationship of the proposed Guardian ad Litem to parties is as follows: _____

II. BONDS AND FEES

- A. A bond in the amount of \$[_____] should be
[☐] established OR

☐ waived

for the following reasons: _____

B. The payment of Guardian ad Litem's fees should be provided as follows:

I. SUMMARY

The Petitioner(s) request(s) the following relief:

☐ An Order appointing a Guardian ad Litem for the Alleged Incapacitated Person;

☐ An Order waiving the requirement for a filing fee;

☐ An Order directing that the Guardian ad Litem's fees in this matter be paid by: _____

☐ An Order approving payment, by Petitioner(s), of reasonable attorney's fees and costs incurred in preparation and presentation of this Guardianship Petition; and

☐ An Order appointing _____-name as

☐ Full

☐ Limited

Guardian(s) of the Person and/or Estate of _____-name

subject to review in _____ months with the bond

☐ waived

☐ set in the amount of \$[_____] .

☐ Other relief requested: [_____]

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

DATED this _____ day of _____, 20____ at _____.

Signature of Petitioner/Attorney

Printed Name of Petitioner/Attorney, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.:
)
) ORDER APPOINTING GUARDIAN AD
) LITEM AND NOTICE OF HEARING
) RCW 11.88.090
)
) (ORAPGL)
)
) CLERK'S ACTION REQUIRED – p. 1

[] **Minor Guardianship.** The biological parents of the alleged incapacitated minor join in the petition and, therefore, the appointment of a guardian ad litem is not necessary. The minor's assets are less than \$3,000.00 and the filing fee is waived.

[] The Clerk's filing fee is waived. The Guardian ad Litem shall be appointed initially at public expense, to be paid at a rate not to exceed \$45/hour up to a maximum of \$300 without further, prior Court approval. Should evidence hereafter be submitted showing that hardship did not exist or no longer exists, the Estate shall reimburse the filing fee and all other fees and costs.

[] The Guardian ad Litem shall be appointed at private expense. The Guardian ad Litem shall be paid at a rate of \$ _____ per hour up to a maximum of \$ _____ or _____ hours, unless *further Court approval* is given *in advance* for additional fees or time.

The hearing on the guardianship petition shall occur in the Ex Parte & Probate Department on: Date: _____ Hour: 10:30 a.m.

[] in Room 1-J of the Regional Justice Center, 401 Fourth Avenue North, Kent, WA 98032.

[] in Room W325 of the King County Courthouse, 516 Third Avenue, Seattle, WA 98104.

Name: _____ is found or known by the Court to be a suitable disinterested person with the requisite knowledge, training or expertise, who is hereby appointed as Guardian ad Litem for the above-named person. The address and phone number of the Guardian ad Litem are: _____ Phone: _____.

The Guardian ad Litem shall have the following duties as mandated by statute: To file within five days of receipt of Order Appointing Guardian ad Litem, and serve all parties personally or by certified mail with return receipt requested, his or her written statement required by RCW 11.88.090(2)(b), which shall include: his or her history as defined in RCW 9.94A.030 for the period covering ten years prior to the appointment; his or her hourly rate, if compensated; whether the Guardian ad Litem has had any contact with a party to the proceeding prior to his or her appointment; and whether he or she has an apparent conflict of interest.

(a) To meet and consult with the Alleged Incapacitated Person as soon as practicable following appointment and explain, in language which such person can reasonably be expected to understand, the substance of the petition, the nature of the resultant proceedings, the person's right to contest the petition, the identification of the proposed guardian or limited guardian, the right to a jury trial on the issue of her or her alleged incapacity, the right to independent legal counsel as provided by RCW 11.88.045, and the right to be present in court at the hearing on the petition;

(b) To obtain a written report according to RCW 11.88.045; and such other written or oral reports from other qualified professionals as are necessary to permit the Guardian ad Litem to complete the report required by RCW 11.88.090, and to advise the Alleged Incapacitated Person of the identity of the health care professional selected by the Guardian ad Litem to prepare the medical report. If Alleged Incapacitated Person opposes said health care professional selected by the Guardian ad Litem, the Guardian ad Litem shall use the health care professional selected by Alleged Incapacitated Person, but may obtain a supplemental examination by a different physician or psychologist;

(c) To meet with the person whose appointment is sought as Guardian ad Litem or limited guardian and ascertain:

- (i)** The proposed guardian's knowledge of the duties, requirements, and limitations of a guardian; and
- (ii)** The steps the proposed guardian intends to take or has taken to identify and meet the needs of Alleged Incapacitated Person;

(a) To consult as necessary to complete the investigation and report by this section with those known relatives, friends, or other persons the Guardian ad Litem determines to have had a significant, continuing interest in the welfare of Alleged Incapacitated Person:

(b) To investigate alternate arrangements made or which might be created, by or on behalf of the Alleged Incapacitated Person, such revocable or irrevocable trusts, durable powers attorney or

blocked account; whether good cause exists for any such arrangements to be discontinued; and why such arrangements should not be continued or created in lieu of a guardianship:

(c) To provide the Court with a written report which shall include the following:

- (i) A description of the nature, cause and degree of incapacity, and the basis upon which this judgement was made;
- (ii) A description of the needs of the Alleged Incapacitated Person for care and treatment, the probable residential requirements of the Alleged Incapacitated Person and the basis upon which these findings were made;
- (iii) An evaluation of the appropriateness of the guardian or limited guardian whose appointment is sought, and a description of the steps the proposed guardian has taken or intends to take to identify and meet current and emerging needs of the Alleged Incapacitated Person;
- (iv) A description of any alternative arrangements previously made by the Alleged Incapacitated Person or which could be made, and whether and to what extent such alternatives should be used in lieu of a guardianship, and if the Guardian ad Litem is recommending discontinuation of any such arrangements, specific findings as to why such arrangements are contrary to the best interest of the Alleged Incapacitated Person;
- (v) A description of the abilities of the Alleged Incapacitated Person and a recommendation as to whether a guardian or limited guardian should be appointed. If appointment of a limited guardian is recommended, the Guardian ad Litem shall recommend the specific areas of authority the limited guardian should have and the limitations and disabilities to be placed on the Incapacitated Person;
- (vi) An evaluation of the person's mental ability to rationally exercise the right to vote and the basis upon which the evaluation is made;
- (vii) Any expression of approval or disapproval made by the Alleged Incapacitated Person concerning the proposed guardian or limited guardian or guardianship or limited guardianship;
- (viii) Identification of persons with significant interest in the welfare of the Alleged Incapacitated Person who should be advised of their right to request special notice of proceedings pursuant to RCW 11.92.150; and
- (ix) Unless independent counsel has appeared for the Alleged Incapacitated Person, an explanation of how the Alleged Incapacitated Person responded to the advice of the right to jury trial, to independent counsel, and to be present at the hearing on the petition.

(a) Within forty-five days after the notice of commencement of the guardianship proceeding has been served upon the Guardian ad Litem, and at least fifteen days before the hearing on the petition, unless an extension or reduction of time has been granted by the Court for good cause, the Guardian ad Litem shall file a report and send a copy to the Alleged Incapacitated Person and his or her counsel, spouse, all children not residing with a notified person, those persons

described in (g)(viii) of this subsection, and persons who have filed a request for special notice pursuant to RCW 11.92.150. If the Guardian ad Litem needs additional time to finalize his or her report, the Guardian ad Litem shall petition the court for a postponement of the hearing or, with the consent of all other parties, an extension or reduction of time for filing the report. If the hearing does not occur within sixty days of filing the petition, then upon the two-month anniversary of filing the petition and on or before the same day of each following month until the hearing, the Guardian ad Litem shall file interim reports summarizing his or her activities on the proceeding during that time period, as well as fees and costs incurred.

(b) To advise the court of the need for appointment of counsel for the Alleged Incapacitated Person within five court days after the meeting described in (a) of this subsection unless (i) counsel has appeared, (ii) the Alleged Incapacitated Person affirmatively communicated a wish not to be represented by counsel after being advised of the right to representation and of the conditions under which court-provided counsel may be available, or (iii) the Alleged Incapacitated Person was unable to communicate at all on the subject, and the Guardian ad Litem is satisfied that the Alleged Incapacitated Person does not affirmatively desire to be represented by counsel;

(c) The Guardian ad Litem shall provide the court with a working copy of the Guardian ad Litem report pursuant to local rule or custom.

The Court also ORDERS: _____

_____.

SIGNED IN OPEN COURT THIS _____ DAY OF _____, 200_____.

Presented by:

Judge/Court Commissioner

Signature of Petitioner/Attorney

WSBA/CPG#

Printed Name of Petitioner/Attorney

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF
KING

In the Guardianship of:)	Case No.:
)	
_____)	ORDER APPOINTING:
)	<input type="checkbox"/> LIMITED
)	<input type="checkbox"/> FULL GUARDIAN OF PERSON
)	AND/OR
)	<input type="checkbox"/> LIMITED
)	<input type="checkbox"/> FULL GUARDIAN OF ESTATE
)	
)	(ORAPGD)
)	
_____)	(CLERK'S ACTION REQUIRED)

THIS MATTER came on regularly for hearing on a Petition for Appointment of Guardian or Limited Guardian of _____, the Alleged Incapacitated Person.

☐ The Alleged Incapacitated Person was present in Court;

☐ The hearing was conducted outside of the courtroom at the location of the Alleged Incapacitated Person;

☐ The Alleged Incapacitated Person's presence was waived for good cause shown other than mere inconvenience, as set forth in the file and reports in this matter;

The Guardian ad Litem was present. The following other persons were also present at the hearing: _____

The Court considered the written report of the Guardian ad Litem and the Medical/ Psychological Report, the testimony of witnesses, remarks of counsel, and the Documents filed herein. Based on the above, the Court makes the following:

FINDINGS OF FACT

1. Notices: All notices required by law have been given and proof of service as required by statute is on file. Notice, if required, was provided to the Regional Administrator of DSHS pursuant to RCW 11.92.150, but DSHS neither appeared at this hearing nor responded to the Petition.

2. Jurisdiction: The jurisdictional facts set forth in the petition are true and correct, and the Court has jurisdiction over the person and/or estate of the Alleged Incapacitated Person.

3. Guardian ad Litem: The Guardian ad Litem appointed by the Court has filed a report with the Court. The report is complete and complies with all requirements of RCW 11.88.090.

4. Alternative Arrangements Made By The Alleged Incapacitated Person:

☐ The Alleged Incapacitated Person did not make alternative arrangements for assistance, such as a power of attorney, prior to becoming incapacitated.

☐ The Alleged Incapacitated Person made alternative arrangements for assistance, but such arrangements are inadequate in the following respects: _____

☐ _____ has been acting in a fiduciary capacity for the Alleged Incapacitated Person and should NOT continue to do so for the following reasons: _____

5. Capacity: The Alleged Incapacitated Person, _____, is

☐ incapable of managing

☐ the property AND/OR

☐ the person and is in need of a full Guardianship over the

☐ person

☐ estate

☐ capable of managing some personal and/or financial affairs, but is in need of the protection and assistance of a limited Guardian of the

☐ person

☐ estate,

in the areas as follows: _____

6. Guardian: The proposed Guardian is qualified to act as Guardian of the Person and/or Estate of the Incapacitated Person. Proposed Guardian's address:

_____ and phone and fax numbers: _____
and e-mail address: _____.

7. Guardian ad Litem Fees and Costs:

☐ The Guardian ad Litem was appointed at county expense and shall submit a petition for payment of fees and costs pursuant to the local rules.

☐ The Guardian ad Litem was appointed at estate expense. The Guardian ad Litem has requested a fee of \$[_____] for services rendered and reimbursement of \$[_____] for costs incurred while acting as Guardian ad Litem. Fees in the amount of \$[_____] and costs in the amount of \$[_____] are reasonable and should be paid as follows:

☐ \$[_____] by the Guardian from the Guardianship estate and/or

☐ \$ [_____] by _____ for the following reason(s): _____.

8. Bond: The assets of the Alleged Incapacitated Person:

☐ Total less than three thousand dollars (\$3,000) and therefore no bond is required.

☐ Are to be placed in a blocked account with an insured financial institution or are to be held by a bank or trust company, and therefore no bond is required.

☐ Are to be held by a nonprofit corporation authorized to act as Guardian, and the Court waives any bond requirement.

☐ Are in whole or in part to be held by the Guardian and bond in the amount of \$[_____] is required.

9. Right to Vote: The Alleged Incapacitated Person

☐ is

☐ is not

capable of exercising the right to vote.

CONCLUSIONS OF LAW

1. That _____ is an Incapacitated Person within the meaning of RCW Chapter 11.88, and a
- ☐ Full ☐ Limited Guardian of the Person (“Guardian of the Person”) and/or
- ☐ Full ☐ Limited Guardian of the Estate (“Guardian of the Estate”)
- ☐ Estate should be appointed; and that _____-[*name of guardian*] is a fit and proper person as required by RCW 11.88.020 to be appointed.
2. That the powers of the Guardian and the limitations and restrictions placed on the Incapacitated Person should be as follows: _____
-

ORDER

It is hereby ordered:

1. **Prior Power of Attorney:** Any Power of Attorney of any kind previously executed by the Incapacitated Person:
- ☐ is not canceled
- ☐ is canceled in its entirety
- ☐ is canceled in its entirety except for those provisions pertaining to health care.
2. **Appointment of Guardian:** _____ is appointed as
- ☐ Full ☐ Limited Guardian of the Person (“Guardian of the Person”) and/or
- ☐ Full ☐ Limited Guardian of the Estate (“Guardian of the Estate”)
- of _____, and the powers of the Guardian and the limitation and restrictions placed on the Incapacitated Person shall be as set forth in Conclusion of Law 2.
3. **Letters of Guardianship/Limited Guardianship:** The Clerk of the Court shall issue letters of
- ☐ Full ☐ Limited Guardianship of the Person and/or
- ☐ Full ☐ Limited Guardianship of the Estate to
- _____, upon the filing of an oath and
- ☐ a Guardianship bond in the amount of \$/[_____] / or
- ☐ bond is waived.

If bond is waived, the Guardian is required to report to the Court if the total assets of the Incapacitated Person reaches or exceeds Three Thousand Dollars. The Guardian of the Estate shall file a yearly statement showing the monthly income of the Incapacitated Person if said monthly income, excluding moneys from state or federal benefits, is over the sum of Five Hundred Dollars per month for any three consecutive months, pursuant to RCW 11.88.100.

4. Report of Substantial Change in Income of Assets: Within 30 days of any substantial change in the Estate's income or assets, the Guardian of the Estate shall report to the Court and schedule a hearing. The purpose of the hearing will be for the Court to consider changing the bond or making other provision in accordance with RCW 11.88.100.

5. Inventory: Within three months of appointment, the Guardian of the Estate shall file a verified Inventory of all the property of the Incapacitated Person, which shall come into the Guardian's possession or knowledge, including a statement of all encumbrances, liens and other secured charges on any item. A review hearing upon filing of the inventory
[] is
[] is not
required.

6. Disbursements: On or before the date the Inventory is due, the Guardian of the Estate shall also apply to the Court for an Order Authorizing Disbursements on behalf of the Incapacitated Person as required by RCW 11.92.040.

7. Personal Care Plan: The Guardian of the Person shall complete and file within three (3) months after appointment a Personal Care Plan which shall comply with the requirements of RCW 11.92.043(1).

8. Status of Incapacitated Person: Unless otherwise ordered, the Guardian of the Person shall file an annual report on the status of the Incapacitated Person which shall comply with the requirements of RCW 11.92.043(2).

9. Substantial Change in Condition of Residence: The Guardian of the Person shall report to the Court within thirty (30) days any substantial change in the Incapacitated Person's condition, or any change in residence of the Incapacitated Person.

10. Designation of Standby Guardian: The Guardian shall file a written designation of a standby Guardian that complies with the requirements of RCW 11.88.125.

11. Authority for Investment and Expenditure: The authority of the Guardian of the Estate for investment and expenditure of the ward's estate is as follows: _____

12. Duration of Guardianship: This Guardianship shall continue in effect:

[☐] until [_____-date,month,year] ; OR

[☐] until terminated pursuant to RCW 11.88.140;

[☐] the necessity for the Guardianship to continue shall be periodically reviewed.

13. Discharge/Retention of Guardian ad Litem:

[☐] The Guardian ad Litem is discharged; or

[☐] The Guardian ad Litem shall continue performing further duties or obligations as follows: [_____].

14. Notice of Right to Receive Pleadings: The following persons are described in RCW 11.88.090(5)(d), and the Guardian shall notify them or their right to file with the Court and serve upon the Guardian, or the Guardian's attorney, a request to receive copies of pleadings filed by the Guardian with respect to the Guardianship:

Name

Address

15. Guardian Fees:

[☐] DSHS cases: The Guardian is allowed such fees and costs as permitted by the Washington Administrative Code. The Guardian may petition for additional fees upon notice to DSHS; OR

[☐] Non-DSHS cases: The Guardian shall petition the Court for approval of fees. The Guardian may advance itself \$[_____] per month subject to Court review and approval.

16. Guardian ad Litem Fee:

[☐] Public/County expense case: The Guardian ad Litem shall submit the fee and cost request for approval and payment at public expense pursuant to local Court rule; OR

☐ Non-public/county pay case: The Guardian ad Litem fee and costs are approved as reasonable in the total amount of \$[_____]. They shall be paid ☐ from the Guardianship estate assets OR ☐ other source(s) as follows: [_____].

17. Legal Fees: The legal fees and costs of [_____] are approved as reasonable in the amount of \$[_____], and shall be paid

☐ from the Guardianship estate assets OR

☐ other source(s) as follows: _____.

18. Guardian's Report: The Guardian's report shall cover the

☐ 12 (twelve)

☐ 24 (twenty-four) or

☐ 36 (thirty-six) month

period following the appointment. The Guardian's report is due within 90 days of the of the end of the reporting period and shall comply with the requirements of RCW 11.92.040(2).

DATED AND SIGNED IN OPEN COURT THIS _____ DAY OF _____, 200__

Judge/Court Commissioner

Presented by:

Signature of Attorney

Printed Name of Attorney, WSBA/CPG #

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

Copy received and approved by:

Guardian ad Litem

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF
KING

In the Guardianship of:

) Case No.:
)
) CONSENT TO APPOINTMENT OF
) GUARDIAN FOR MINOR
) RCW 11.88.040
)

Comes now _____, a minor, fourteen years of age or older, and does hereby consent to the appointment of _____ as Guardian, and waives notice of hearing on the Petition for Guardianship of Person and/or Estate.

Certificate

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED THIS _____ DAY OF _____, 200__, at _____.

Signature of Minor

Printed Name of Minor

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.:
_____))
_____)) OATH OF GUARDIAN
_____)) RCW 11.88.100
_____)) (OA)

Being first duty sworn upon oath, I _____[*name*] solemnly swear that:

I have been appointed [☐] Full [☐] Limited Guardian of the Person and
[☐] Full [☐] Limited Guardian of the Estate of _____[*name*].

I shall faithfully perform all the duties of my trust as Guardian according to law. I understand that the basic duties of a Guardian are described in Chapters 11.88 and 11.92 of the Revised Code of Washington (RCW).

Signature of Guardian

Printed Name of Guardian , WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

Subscribed and sworn to before me this _____ day of _____, 200__.

Signature of Notary Public in the State of
Washington

Printed Name of Notary Public in the State of
Washington

Residing at:

My Commission Expires:

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.:
_____)
_____) DESIGNATION OF STANDBY GUARDIAN
_____) RCW 11.88.125
_____) (DSGSBG)

I. DESIGNATION OF STANDBY GUARDIAN

The Guardian for the Person named above designates the following to serve as Standby Guardian:

Name: _____
Address: _____
Phone: _____
Email Address: _____

DATED THIS _____ DAY OF _____, 200__.

Signature of Guardian/Attorney

Printed Name of Guardian/Attorney, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

II. ACCEPTANCE

I acknowledge and accept the designation as Standby Guardian in this matter.

Signature of Standby Guardian

Printed Name of Standby Guardian, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF
KING

In the Guardianship of:) Case No.:
)
_____) PERSONAL CARE PLAN
) RCW 11.92.043
)
An Incapacitated Person.) (PCP)

1. The [] Full [] Limited Guardian of the Person respectfully submits the following Personal Care Plan:

2. **Custody and Residence of Incapacitated Person.** Incapacitated Person was born on _____ and is now _____ years of age. He/She presently resides at _____. The Guardian believes that he/she is receiving satisfactory care, and should continue to reside there.

3. **Description of Services or Programs Incapacitated Person Receives.** The Incapacitated Person receives the following services or programs: _____

4. **Physical and Medical Status and Need of Incapacitated Person.** The physical and medical status and needs of the Incapacitated Person is as follows: _____

5. **Mental and Emotional Status of Incapacitated Person.** The mental and emotional status of the Incapacitated Person is as follows: _____

6. Description of Functional Abilities of the Incapacitated Person. The following is a description of the Incapacitated Person abilities to perform and/or assist in the activities of daily living. _____

7. State the Guardian's Specific Plan for Meeting the Identified and Emerging Personal Care Needs of the Incapacitated Person. _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED at _____, Washington this _____ day of _____, 200__

Signature of Guardian

Printed Name of Guardian, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF KING

In the Guardianship of:

) Case No.:

)

) GUARDIANSHIP INVENTORY

) RCW 11.92.040(1)

)

) (INV)

The [] Full [] Limited Guardian of the Estate, being first duly sworn, states that the following is a true and correct inventory of the assets and liabilities of the Incapacitated Person as of the date of Order Appointing the Guardian.

ASSETS

1. Real Estate: including the address and legal description of the property and its tax assessed value: _____

2. Financial Accounts: including the name and branch of the financial institution, type of account, account number and balance in each account (*for example, savings, checking, money markets, certificate of deposit, retirement accounts, and all investment accounts*):

3. Stocks, Bonds, and other Securities (*not held in an account listed above*). _____

4. Personal Property: (*attach itemized list of all items valued at \$1,000 or more*).

Household Furnishings	\$
Automobile/Boats	\$
Other (including items on attached list)	\$

1. Income

Description	Per Month
Income	\$
Social Security or SSI	\$
Veteran's Benefits	\$
Pension	\$
Dividends and Interest	\$
Other:	\$

)22222

LIABILITIES/DEBTS

1. Mortgages and Liens: name and address of each mortgage or lien holder and the amount owing the property encumbered: _____

2. Installment Loans and Notes: name and address of each loan holder, the amount owing and the amount due monthly: _____

3. Credit Cards: name and address of each credit card company, and the outstanding balance owing on each: _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED at _____, Washington this _____ day of _____, 200__

Signature of Guardian

Printed Name of Guardian, WSBA/CPG #

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF

KING

In the Guardianship of:

An Alleged Incapacitated Person

) Case No.:
)
) NOTICE OF GUARDIANSHIP PETITION
) RCW 11.88.030(4)(b)
)
) (NT)

TO: _____, Alleged Incapacitated Person

TO: _____, Guardian ad Litem

IMPORTANT NOTICE – PLEASE READ CAREFULLY

A PETITION TO HAVE A GUARDIAN APPOINTED FOR YOU HAS BEEN FILED IN THE
_____ COUNTY SUPERIOR COURT BY _____. IF A GUARDIAN IS APPOINTED,
YOU COULD LOSE ONE OR MORE OF THE FOLLOWING RIGHTS:

1. TO MARRY OR DIVORCE;
2. TO VOTE OR HOLD AN ELECTED OFFICE;
3. TO ENTER INTO A CONTRACT OR MAKE OR REVOKE A WILL;
4. TO APPOINT SOMEONE TO ACT ON YOUR BEHALF;
5. TO SUE AND BE SUED OTHER THAN THROUGH A GUARDIAN;
6. TO POSSESS A LICENSE TO DRIVE;
7. TO BUY, SELL, OWN, MORTGAGE, OR LEASE PROPERTY;
8. TO CONSENT TO OR REFUSE MEDICAL TREATMENT;

9. TO DECIDE WHO SHALL PROVIDE CARE AND ASSISTANCE;
10. TO MAKE DECISIONS REGARDING SOCIAL ASPECTS OF YOUR LIFE.

UNDER THE LAW, YOU HAVE CERTAIN RIGHTS.

YOU HAVE THE RIGHT TO BE REPRESENTED BY A LAWYER OF YOUR OWN CHOOSING.
THE COURT WILL APPOINT A LAWYER TO REPRESENT YOU IF YOU ARE UNABLE TO PAY
OR PAYMENT WOULD RESULT IN SUBSTANTIAL HARDSHIP TO YOU.

YOU HAVE THE RIGHT TO ASK FOR A JURY TO DECIDE WHETHER OR NOT YOU
NEED A GUARDIAN TO HELP YOU.

YOU HAVE THE RIGHT TO BE PRESENT IN COURT AND TESTIFY WHEN THE HEARING IS
HELD TO DECIDE WHETHER OR NOT YOU NEED A GUARDIAN.

YOU HAVE THE RIGHT TO REQUEST THAT THE COURT REPLACE THE GUARDIAN
AD LITEM.

A HEALTH CARE PROFESSIONAL MUST PREPARE A MEDICAL REPORT REGARDING
YOUR ALLEGED INCAPACITY. IF YOU OPPOSE THE HEALTH CARE PROFESSIONAL
SELECTED BY THE GUARDIAN AD LITEM, YOU MAY SELECT YOUR OWN TO PREPARE A
REPORT. THE GUARDIAN AD LITEM MAY ALSO OBTAIN A SUPPLEMENTAL EXAMINATION.

Dated: _____

Signature of Petitioner/Attorney

Printed Name of Petitioner/Attorney, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address



Superior Court of Washington
County of King

In the ☐ Guardianship ☐ Estate ☐ Trust of:

(Name)

NO.

**NOTICE OF HEARING AND
DECLARATION OF MAILING
(NTMTDK)**

(Clerk's Action Required)

TO: THE CLERK OF THE COURT and to all other parties and persons entitled to notice:

PLEASE TAKE NOTICE that this case will be heard at the date and time stated below, and the Clerk is directed to note this matter on the court's **Probate and Guardianship Calendar**.

Nature of Relief Requested:

☐ Review and Approval of Guardian's Report and Accounting;

☐ Other Requests (Specify): _____.

The hearing will occur at 10:30 am on the _____ day of _____, 20____.

Hearing Location for SEA Cases:

Ex Parte & Probate Dept, Room W-325
King County Courthouse,
516 Third Ave., Seattle, WA 98104

Mail or Deliver a Judge's Copy of forms and supporting documents to Room C-203.

Hearing Location for "KNT" Cases:

Ex Parte & Probate Dept, Room 1-J
Regional Justice Center,
401 Fourth Ave. N, Kent, WA 98032

Mail or Deliver a Judge's Copy of forms and supporting documents to Room 2D.

1. The originals of this Notice, the Report or Petition, and supporting documents **must be filed** with the Clerk's Office **not less than 14** days prior to the requested hearing date.
2. List the names, addresses and telephone numbers of all parties and persons entitled to notice on page 2.
3. When you file your original forms, mail a copy of this notice of hearing and all other documents to the persons listed on page 2.
4. When you file your original forms, mail or deliver a **judge s copy** of the forms and supporting documents to the court. On each form, be sure to write the hearing date in the upper right corner.
5. Ex Parte & Probate Department hearings **do not** require confirmation.

DECLARATION OF MAILING

I declare under penalty of perjury, according to the laws of Washington State, that on the date written below, I mailed a true and correct copy of this Notice and the Report or Petition with first class postage prepaid to the persons and addresses listed on page 2.

Dated: _____

Signature: _____

Signed at (city/state) _____

Print/Type name: _____

Address: _____

City, State, Zip: _____

ALL PERSONS AND AGENCIES REQUIRING NOTICE

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF KING

Petitioner/Plaintiff

and/vs.

Defendant/Respondent

NO.

DECLARATION OF SERVICE

(RTS)

1. I am age 18 years or older, and I am NOT a party to this action.
2. I served [Name] _____ with the following documents, the originals of all of which have been filed with the court in this proceeding:
 - ☐ Summons, Petition, Case Indexing Sheet, Notice of Case Assignment
 - ☐ Petition and Declaration for _____.
 - ☐ Proposed Parenting Plan.
 - ☐ Motion, Affidavit or Declaration, and Order to Show Cause.
 - ☐ Notice of Hearing (Note for Motion)
 - ☐ Other: _____.
3. **PERSONAL SERVICE:** The time and place of service were (if by mail, complete Paragraph 4):

Date: _____ Time: _____ a.m./p.m.

Address: _____ City, State, Zip Code: _____
4. Service was made pursuant to Civil Rule 4(d):
 - ☐ **SUBSTITUTED SERVICE:** by delivery to [Name] _____, a person of suitable age and discretion residing at the usual abode of the person served.
 - ☐ **PUBLICATION:** as provided in RCW 4.28.100. (A copy of the summons is attached.)
 - ☐ **MAIL:** (check ONLY if there is a court order authorizing service by mail) by mailing two copies postage prepaid to the person named in the order dated: _____, at the address listed in the order. One copy was mailed by ordinary first class mail, the other copy was sent by certified mail, return receipt requested. (Attach return receipt below.) The copies were mailed on [Date] _____.

I declare under penalty of perjury of the laws of Washington State that the foregoing is true and correct.

Signed at [Place] _____, on [Date] _____

Signature: _____ Print or Type Name: _____

Fees: Service: \$ _____ Mileage: \$ _____ Total: \$ _____
(Attach Return Receipt here, if service was by mail)